

*Companion Guide for  
Full Service Partnership  
Outcomes Assessments*



CALIFORNIA DEPARTMENT OF  
Mental Health

Performance Outcomes and  
Quality Improvement Unit  
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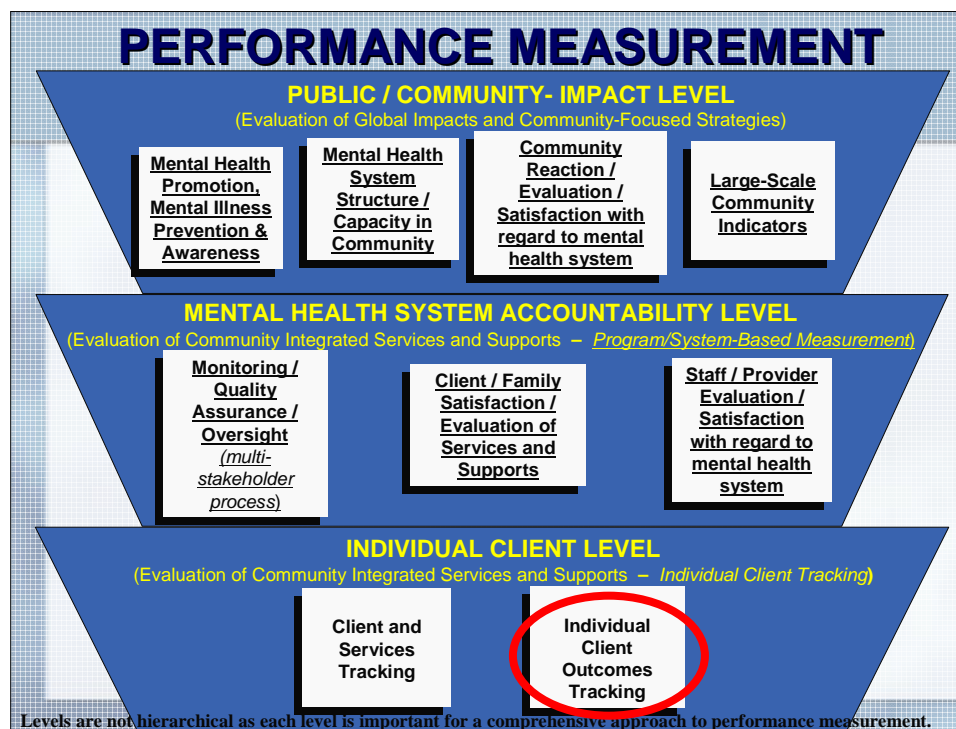
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## Full Service Partnership Assessment Overview

### Background

The FSP Outcomes Assessments described in this Companion Guide represent a starting point for the development of a multi-level system designed to measure performance and accountability as they pertain to the Mental Health Services Act (MHSA). Designing performance measurement systems is a highly complex endeavor that requires numerous decisions about technical issues, such as the selection of indicators, assessment tools and other protocols for data collection, as well as information systems/software design and development for data collection, management, analyses and reporting. The Full Service Partnership Outcomes Assessment is designed to measure outcomes at the Individual Client Tracking Level (see slide below). Processes and methods for measuring outcomes and accountability at the Mental Health System level and Public/Community Impact level will be developed as MHSA implementation unfolds.



This tri-level diagram illustrates the different phases of performance measurement. The Full Service Partnership Outcomes Assessment is designed to measure outcomes at the Individual Client Tracking level.

### Purpose

This Companion Guide provides information on how to accurately complete the forms associated with the FSP Outcomes Assessments. It provides detailed information regarding individual items on each type of assessment. As with any information gathered through measurement protocols, it is important that the information be as complete and accurate as possible. With that goal in mind, it is recommended that the person conducting the Full Service Partnership Assessments be the Partnership Service Coordinator to ensure that the data accurately reflects what is occurring for the partner. It is understood that this request may not be feasible for all programs and service providers. Please contact the Department of Mental

## Full Service Partnership Assessment Overview

Health (DMH) Performance Outcomes and Quality Improvement staff with any questions you have regarding how to complete these FSP Outcomes Assessments (contact information is provided in Appendix B).

The Companion Guide provides guidance in completing and submitting data using in the Enhanced Data Collection and Reporting (DCR) system.

### Forms Overview

There are four sets of FSP Outcomes Assessments to select from based on the age of the partner: Child/Youth (for ages 0-15 years), Transition Age Youth (16-25 years), Adults (26-59 years) and Older Adults (60+ years). Each age group contains three types of assessments: Partnership Assessment Form (PAF), Key Event Tracking (KET) and Quarterly Assessment (3M).

**Please ensure that you are using the most current versions of the assessments available. The top right hand corner of every page contains a box with the assessment type and revision date.** Selecting the appropriate assessment is based on the age of the partner, not based on the partner's involvement with a particular program. For example, a 17-year old client may be enrolled in a program that services children and youth, but since the client falls into the TAY age range of 16-25 years, the TAY assessments should be used.

Once a partner reaches the maximum age for a particular set of assessments, the next set of assessments would be selected for use based on chronological order.

**Example:** A partner enters the FSP program at age 25 and a Transition Age Youth Partnership Assessment (TAY PAF) is completed. The partner turns 26 years old one month later and then moves from his parent's home to an apartment a few weeks after that. Since a change in residency is considered a key event that needs to be tracked, a Key Event Tracking (KET) would be completed. Because the Partner is now 26, the Adult KET (**not** the TAY KET) would be completed. A new Adult Partnership Assessment Form would **not** need to be completed because the PAF is only completed once when the Partnership is first established.

### Types of Assessments

There are three different types of assessments used to obtain information for the Full Service Partnership Outcomes. The Partnership Assessment Form (PAF) gathers baseline information about the partner, while the Key Event Tracking form (KET) and the Quarterly Assessment form (3M) gather follow up information.

Please note that information gathered on the two types of follow-up assessments (KET and 3M) do **not** overlap; therefore, the importance of using the KET and 3M forms appropriately cannot be overstressed.

### Partnership Assessment Form (PAF)

Typically, the PAF is completed once when the partnership is established; however, if a partner is inactive for more than one year, a new PAF would be completed when the partner returns to active participation status. If a partner is inactive for one year or less, then KETs are completed to indicate any key event changes that occurred during the inactive status.

The PAF collects history and baseline data about the partner, including residential, education, employment, sources of financial support, legal issues/designations, emergency intervention, health status and substance abuse. For older adults only, Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) are also collected.

### Key Event Tracking (KET)

The KET provides a snapshot of changes in key quality of life areas that are tracked on a continuous basis throughout the course of the Full Service Partnership. When reporting information on the KET, please include all the information that reflects the current status of the partner.

**Example:** *A partner is currently attending high school and has notified the partnership service coordinator that he or she will also be attending a vocational school at night. A KET would be submitted indicating that the partner is currently attending high school (even though this has already been reported) and vocational school.*

The following key areas are tracked on the KET: administrative information, residential, education, employment, legal issues/designations and emergency interventions. It is important that KETs are completed as soon as events are known or reported to the partnership service coordinator. When completing a KET, complete only the sections where a change has occurred for the partner.

There is no limit to the number of KET assessments that can be submitted; however, KETs cannot be submitted prior to the submission of the Partnership Assessment Form (PAF). Key events that occur in different domains concurrently can be reported on one form; however, when two key events occur in one domain, a KET must be submitted for each instance (see examples below).

**Example 1:** *A partner moves from a homeless shelter to a foster home and then to a group home (level 10) after the PAF is completed. A KET would be completed each time the client's address changes.*

**Example 2:** *A partner who was unemployed and living in a board & care facility at the time the PAF was completed obtains a job and moves to an apartment about two weeks later. In this case, there are changes in two different domains but one KET can be completed because these changes happened in two different domains at the same time.*

**Example 3:** *A partner moves from one address to a different address but the type of residence does not change. A KET would be completed each time the partner moves from one address to another.*

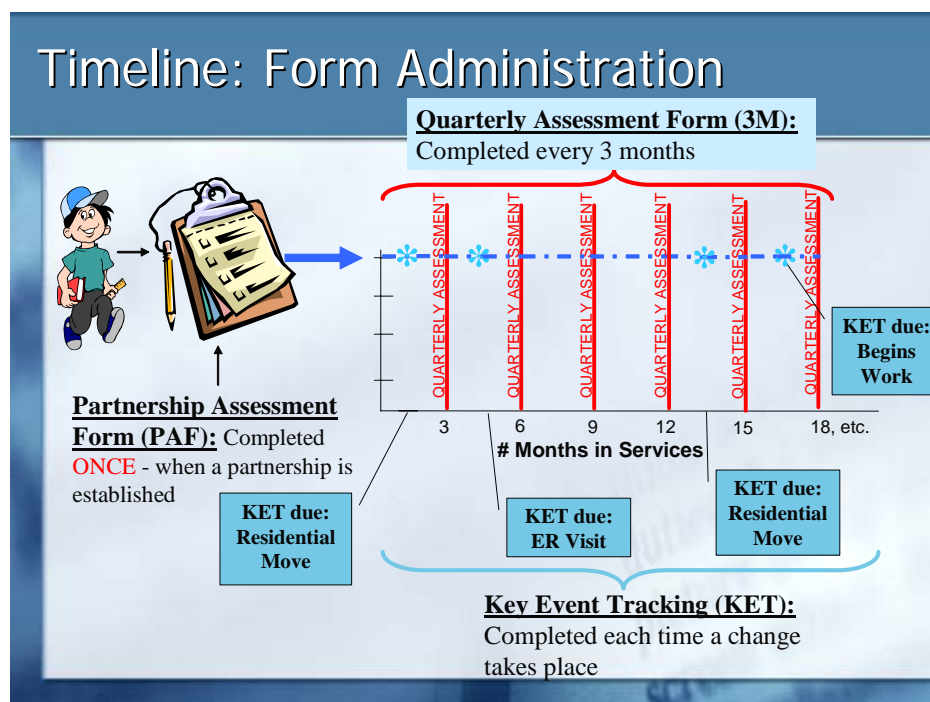
## Full Service Partnership Assessment Overview

**Example 4:** A partner is admitted into an acute psychiatric hospital and then is released 5 days later. A KET would be completed when the partner is admitted and another KET would be completed upon release from the facility to reflect the changes in residential status.

### Quarterly Assessment (3M)

The Quarterly Assessment or 3M is completed every three months from the date the partnership is established. The Quarterly Assessment collects updated information about changes in education, sources of financial support, legal issues/designations, health status, substance abuse and ADL/IADL (Older Adults only). The first quarterly assessment is due three months after the date the partnership was established. The next quarterly assessment would be completed at six months after the partnership was established, then again at 9 months, at 12 months, at 15 months and so on.

The Quarterly Assessment schedule is to remain consistent with the date the partnership was established, regardless of KET reporting. The time frame for submitting quarterly assessments is 15 days prior and 30 days after the quarterly assessment due date. If a quarterly assessment cannot be completed within this time frame, that particular quarterly assessment should be skipped.



**Example 1 (refer to picture above):** Little Johnny is 10 years old and is in the Full Service Partnership program. On the day his full service partnership was established, a Child/Youth PAF is completed and submitted. About one month later, Johnny changes residence and a KET is submitted to reflect this key event change. Three months after the Full Service Partnership is established, the first quarterly assessment is due. Two months after this, Johnny visits the emergency room and a KET is completed.

At 6 months after the FSP partnership is established, the second Quarterly Assessment is due. Quarterly Assessments are completed at months 9 and 12 as scheduled. At month 14, Johnny changes residence again and another KET is completed. Another Quarterly Assessment is completed at month 15. Johnny starts working in month 17 and a KET is completed. A

## Full Service Partnership Assessment Overview

*Quarterly Assessment is completed at month 18. This pattern of submitting KETs as appropriate and Quarterly Assessments every three months remains in effect until the partnership is discontinued/interrupted.*

**Example 2:** *An FSP is established and the first Quarterly Assessment occurs on schedule three months later. The partner is unavailable around month 6, when the second Quarterly Assessment would be due, so the second quarterly assessments would not be submitted. The partner is available in month 8 and reports having a new residence and job so a KET is submitted to reflect these changes. The third Quarterly Assessment would be submitted at 9 months after the FSP establishment date.*

**Example 3:** *The third quarterly assessment is 30 days past due and you are unable to contact little Johnny (he's on vacation in Italy). You don't reach little Johnny until 35 days after the third quarterly assessment is due. In this case, the third quarterly assessment would be skipped because it is over 30 days past the quarterly assessment due date.*

## Data Elements

### ***Data Elements***

Baseline information is obtained once when the Full Service Partnership is established and is collected on the Partnership Assessment Form (PAF). When collecting information for the PAF, the information can be obtained over two or three visits if necessary, but must be complete at the time of submission to DMH (data must be reported within 90 days per MHSA contract).

The domains on the PAF are further tracked over time on either the KET or the 3M. Each of the key data elements is described below and includes information about which forms are used to track this information ongoing. The partner referred to in this guide is defined as the person/client who is participating in the Full Service Partnership, **not** the partnership coordinator, the parents of a youth partner or the spouse of an adult partner.

Typically, the PAF is completed once when the partnership is established; however, if a partner is inactive for more than one year, a new PAF would be completed when the partner returns to active participation status. If a partner is inactive for one year or less, then KETs are completed to indicate any key event changes that occurred during the inactive status.

As with all of the information submitted to DMH for the Full Service Partnership programs, accuracy and completeness are important. Please contact the Performance Outcome and Quality Improvement staff with any questions you may have regarding how to complete this or any other assessment addressed in this Companion Guide (For contact information, see Appendix B).

### **Partnership Information**

This section contains identifying information such as the partner's first and last name, date of birth, when the partnership was established and the program(s) in which the partner is participating.

#### **County Number – Required**

This is the two-digit number designated by the state that identifies the county providing the services (see Appendix A). **(All forms-all age groups)**

#### **CSI County Client Number – Required**

This is a unique identifier given to the partner by the county that can be up to 9 characters. **(All forms-all age groups)**

#### **County Partner ID – Optional**

This is an optional county identifying number that can be up to 9 characters. **(PAF only)**

#### **Partner's First Name – Required**

Enter the Partner's first name. **(All forms-all age groups)**

#### **Partner's Last Name – Required**

Enter the Partner's last name. **(All forms-all age groups)**

#### **Partnership Date – Required**

This is the date the partnership was established. **(PAF-all age groups)**

#### **Partner's Date of Birth – Required**

This field gathers information about the partner's date of birth. **(All forms-all age groups)**

#### **Who referred the partner? –**

This is used to obtain information about how the partner was referred to the FSP program. Only one response can be selected. **(PAF-all age groups)**



## Data Elements

### Assessment Date

This is the date the Quarterly Assessment (3M) was completed. **(3M only-All age groups)**

## Administrative Information

This section contains administrative information such as where the services are provided, who the Partnership Service Coordinator is and other programs for which the partner may be involved.

### Provider Number/National Provider Identifier (NPI)-

This identifies the primary site where the Full Service Partnership (FSP) coordinator is located. Either the four-digit Provider Number or the 10-digit National Provider Identifier (NPI) can be used. If you do not have a Provider Number or NPI or do not know the number, this field can be left blank. If a Provider Number is submitted, it will be validated against information we have here at the state. If the Provider Site changes, the new provider ID and the date of the provider site change is captured on the KET. **(PAF, KET- all age groups)**

### Full Service Partnership Program ID – Required

This field identifies the FSP program that is providing services/supports to the partner. If partner moves to a different FSP program, the new program ID and the date of the program change is captured on the KET. This four character code is assigned by your county to each Full Service Partnership program. **(PAF, KET-all age groups)**

NOTE: You must identify this code and the associated FSP programs and provide this information to DMH prior to collecting and/or submitted Full Service Partnership program data to DMH.

### Partnership Service Coordinator ID – Required

This field identifies the person who is coordinating/providing FSP services to the partner. This is a number assigned by the county that identifies the Partnership Service Coordinator such as an employee identification number. If the Partnership Service Coordinator changes, the new Partnership Coordinator ID and the date of the change is captured on the KET. **(PAF, KET-all age groups)**

### In which programs is the partner CURRENTLY involved? –

These fields gather information about certain programs in which the partner is involved. The programs tracked include the AB2034 program, the Governor's Homeless Initiative or the MHSA Housing Program. If there are changes regarding the partner's involvement with these programs, this information and the date of the program change is captured on the KET. Partners can be involved in more than one of the programs listed above concurrently. **(PAF, KET-all age groups)**

## Residential Information (includes hospitalization and incarceration)

This section of the form is used to record information regarding where the partner will be living on the day the partnership is established, the day before the partnership is established, over the past 12 months and prior to the last 12 months. In some sections you are asked to mark all that apply and in others you are asked to give the number of occurrences or the number of days for each setting. In some instances, it may be difficult for the partner to remember exactly where she/he was living in the past. Please obtain this information with as much accuracy as possible.



## Data Elements

### Settings

There are numerous residential settings referred to in this section and the setting selections include “other” and “unknown” for use when necessary. The settings listed are age appropriate. For example, the Child/Youth and TAY assessments have categories for Group Home and Juvenile Hall.

### Residential Setting – Tonight

This field collects information regarding where the partner will be residing on the evening of the day the partnership is established. Select the ONE setting that best describes where the partner will be residing that evening. *In order to track residential changes over time, a new KET form is submitted EACH time there is a change in residence; both changes in residential categories and moves between residences are tracked via the KET. (PAF, KET-all age groups)*

**Example 1:** *A partner moves from a homeless shelter to a foster home to a group home (level 10) after the PAF is completed. A KET would be completed each time the client's residence changes.*

**Example 2:** *The Full Service Partnership is established on January 2<sup>nd</sup>, 2006 at 4pm. That evening the youth will be placed in a temporary foster home. Foster Home (with non-relative) would be selected for the field “Tonight.”*

### Residential Setting – Yesterday

This field collects information about where the partner was residing the day before the partnership date (as of 11:59 pm). Select the ONE setting that best describes where the partner was residing the day before the partnership was established. **(PAF-all age groups)**

**Example:** *The partner was sleeping in a friend's car starting at 6:00 pm the evening before the partnership date. “Shelter/Homeless” would be selected for the field “Yesterday.”*

### Residential Setting - During the Past 12 months

**Number of Occurrences** – This field collects information about the number of OCCURRENCES in the PAST 12 MONTHS that the partner resided in for each setting. **(PAF-all age groups)**

**Example:** *The partner was staying with his/her biological parents for about six months, was placed in a Level 3 Group Home for about a month and then went back to live with his/her biological parents for three months. This would be coded as the partner residing with his/her biological parents two times and residing in a group home one time.*

### Number of Days – During the Past 12 months

This field collects information about the number of DAYS in the past 12 months the partner resided in each setting. The total number of days must equal 365. Recalling this information may be difficult in some instances. Ask the partner to do his or her best in providing this information. Information may also be obtained from other individuals or objective sources (e.g. information systems). **(PAF-all age groups)**

**Example:** *The partner was staying with his/her biological parents for about six months, was placed in a Level 3 Group Home for a little over three months and then went back to live with his/her biological parents for three months. The total number of months the partner lived with his/her parents was 9, multiplied by 30 to get the total number of days the partner lived with his/her parents or 270 days. The partner also mentions having been placed in a*

## Data Elements

*level 3 group home for a little over 3 months or 95 days. This equals a total of 365 days or one year.*

### **Residential Setting - Prior to the Last 12 months**

This field collects information about where the partner has resided over his or her lifetime. In this case, we want to know all of the categories in which the partner has (ever) resided. Mark the selections that correspond to all of the places that the partner has resided prior to the last 12 months. **(PAF-all age groups)**

## **Education**

This section is used to obtain information regarding the partner's current education status. The first section identifies the highest level of education the partner has completed and whether the partner is receiving certain types of special education. Additional information about education is collected for partners who are required by law to attend school and for partners who are not required by law to attend school. It is the responsibility of the Full Service Partnership coordinator to determine whether the partner is legally required to attend school.



### **Indicate the highest level of education completed –**

Select the highest level of education COMPLETED for the partner. **(PAF, KET-all age groups)**

**Example:** *The youth is currently in the 9<sup>th</sup> grade. Mark the bubble that corresponds to the 8<sup>th</sup> grade because the youth has not yet completed the 9<sup>th</sup> grade.*

### **Is the youth CURRENTLY receiving special education due to serious emotional disturbance? –**

This section gathers information about whether a partner attends special education due to a serious emotional disturbance, as opposed to attending special education for other reasons. **(PAF, 3M-Child/Youth and TAY forms only)**

### **Is the youth CURRENTLY receiving special education due to another reason?**

Indicate whether the youth is receiving special education that is not due to a serious emotional disturbance. **(PAF, 3M-Child/Youth and TAY forms only)**

### **For youth required by law to attend school:**

### **Estimate the youth's attendance level during the PAST 12 MONTHS -**

Choose the selection that mostly closely reflects the youth's attendance level over the PAST 12 MONTHS. When considering attendance level, do not include scheduled breaks such as for holidays or summer vacation. **(PAF, 3M-Child/Youth and TAY forms only)**

### **Estimate the youth's attendance level CURRENTLY -**

Choose the selection that most closely reflects the youth's attendance level CURRENTLY. When considering attendance level, do not include scheduled breaks such as holidays or summer vacation. **(PAF, 3M-Child/Youth and TAY forms only)**

**Example:** *The youth is currently on summer break but was attending school most of the time prior to summer break. Select the bubble that corresponds with "attends school most of the time."*

## Data Elements

### **Currently, his or her grades are –**

Choose the selection that most closely reflects the youth's current grades as compared to other youth operating at the same grade level. If the youth is currently on summer vacation or holiday break, consider the youth's grades while last attending school. **(PAF, 3M-Child/Youth and TAY forms only)**

***Example:** The youth is on summer vacation, but prior to that his or her grades were about average (mostly 'C's). Indicate that his/her grades are "Average."*

### **During the PAST 12 MONTHS, his/her grades were –**

Choose the selection that most closely reflects the youth's grades over the PAST 12 MONTHS. **(PAF, 3M-Child/Youth and TAY forms only)**

### **During the PAST 12 Months, how many times has s/he been suspended?**

Record the total number of times the youth was suspended over the past 12 months. **(PAF, KET-Child/Youth and TAY forms only)**

### **During the PAST 12 Months, how many times has s/he been expelled?**

Record the total number of times the youth was expelled over the past 12 months. **(PAF, KET-Child/Youth and TAY forms only)**

### **For partners/youth that are NOT required by law to attend school:**

This section collects information about partners who are not required to attend school. Select the setting that best reflects the partner's education status.

### **For education settings, indicate the duration (in weeks) of the educational setting participation for the partner/youth DURING the PAST 12 MONTHS -**

Provide information about the total number of weeks over the past 12 months that the partner was involved with each of the education settings listed. While the total number of weeks for any one category cannot exceed 52 weeks (one year), the total number of weeks across sections could exceed 52 weeks (see example below). **(PAF-all age groups except Child/Youth)**

***Example:** The partner attended Adult Education classes for 10 months (40 weeks) and also attended a Vocational School for 4 months (16 weeks). The total number of weeks across categories would equal 56; however, neither of the categories individually exceeds 52 weeks.*

### **For the educational settings, indicate the education setting(s) in which the partner/youth is CURRENTLY participating –**

Indicate the educational setting(s) in which the partner is currently involved. Select all that apply. **(PAF, KET-all age groups except Child/Youth)**

### **Does one of the partner's/youth's current recovery goals include any kind of education at this time?**

Indicate whether education is included as one of the partner's recovery goals. **(PAF, KET-all age groups except Child/Youth)**

## Employment

This section collects information about the partner's employment status. There are two separate sections. The first section collects information about the partner's employment status over the PAST 12 MONTHS (PAF only) and the second section collects information about the partner's CURRENT



## Data Elements

employment. Unemployment information is also captured. Please try to provide the most accurate information possible.

### **Number of Weeks – Over the past 12 months**

This field collects information about the number of weeks the partner has been employed over the past 12 months. While the total number of weeks for any one category cannot exceed 52 weeks (one year), the total number of weeks of employment across sections could exceed 52 weeks (see example below). **(PAF-all age groups)**

***Example:** A partner worked in competitive employment for 40 weeks and volunteered at a library for 24 weeks. The total number of weeks across categories would be 64; however, neither of the categories individually exceeds 52 weeks.*

### **Average Hours per week – Over the past 12 months and currently**

This field collects information about the average hours per week the partner works. Slight and/or temporary fluctuations in the number of hours worked do not require the submission of a KET (less than 5 hours). However, if a partner increases or decreases his/her hours by 5 hours or more and the change is permanent, then a KET should be submitted. **(PAF, KET-all age groups)**

***Example:** A youth is on summer vacation from school and gets a job. During the summer, s/he works 30 hours per week. However, when school resumes, s/he cuts back to working only 10 hours per week. This is expected to remain in place for the foreseeable future. A KET would be completed when the summer job begins and when the hours are reduced from 30 hours to 10 hours per week.*

Employment situations will differ from partner to partner; please estimate both the average hours per week and average hourly wage as best as possible. To calculate the average hours per week, you may use four consecutive weeks (one month) as a rule of thumb to determine the average hours per week. If the number of hours per week varies widely, you may need to use the information from more than four work weeks to estimate the average hours.

***Example:** A partner works approximately 10 hours in week 1, 20 hours in week 2, zero hours in week 3 and 14 hours in week 4 at a transitional employment/enclave position. The average hours worked per week would be "11" (10+20+0+14 hours/4 weeks).*

### **Average Hourly Wage – Over the past 12 months and currently**

This field collects information about the average hourly wage a partner received while working in each job category. In cases where a partner has more than one source of employment in a particular category with different hourly wages, calculate the average of the different wages to obtain the average hourly wage. **(PAF, KET-all age groups)**

***Example:** A partner is paid \$10/hour at one job in supported employment and \$8/hour at another job in supported employment so the average hourly wage would be "\$9 hour" (\$10 + \$8/2 jobs).*

### **Check here if the partner is not employed at this time –**

Mark this box if the partner is currently unemployed. If the partner is employed, leave the box blank. **(PAF, KET-all age groups)**

## Data Elements

**Does one of the partner's current recovery goals include any kind of employment at this time?**

Choose the appropriate response to reflect whether the partner's current recovery goals include employment. **(PAF, KET-all age groups)**

## Sources of Financial Support

This section gathers information regarding the types of financial support the partner may be receiving. There are many different sources of financial support listed. Mark all that apply to the partner during the PAST 12 MONTHS (PAF only) and CURRENTLY (PAF, 3M). If the partner is receiving support from a source not listed, please mark "Other." **(PAF, 3M-all age groups)**



## Legal Issues/Designations

This section collects information about the partner's legal issues and status. Most questions require a simple "Yes" or "No" answer. This section gathers information about the partner over different periods of his/her life: CURRENTLY, during the PAST 12 MONTHS and PRIOR to the LAST 12 MONTHS.



Data about arrests, probation, parole, conservatorship, payee and child custody are collected in this section. Also, the Child/Youth and Transition Age Youth PAFs contain questions regarding if the youth is or was ever a dependent of the court (W&I Code 300 status).

## Justice System Involvement

### Arrest Information:

**Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS -**

Indicate the number of times the partner was arrested over the past 12 months. If the partner was not arrested in the past 12 months, leave the field blank. **(PAF, KET-all age groups)**

**Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner was arrested over his/her lifetime, except for the last 12 months. **(PAF-all age groups)**

### Probation Information:

**Is the partner CURRENTLY on probation? –**

This includes both formal and informal probation. Choose the appropriate selection to reflect whether the partner is currently on probation. **(PAF, KET-all age groups)**

**Was the partner on probation DURING THE PAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner was on formal or informal probation during the past 12 months. **(PAF-all age groups)**

**Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner was on formal or informal probation anytime in his/her lifetime except for the last 12 months. **(PAF-all age groups)**

### Parole Information:

**Was the partner on parole DURING THE PAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner was on parole anytime in the past 12 months. **(PAF-all age groups)**

## Data Elements

### **Was the partner on parole anytime PRIOR TO THE LAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner was on parole at anytime prior to the last 12 months. **(PAF-all age groups)**

## **Conservatorship/Payee Information**

### **Conservatorship Information**

Conservatorship is determined by the court and is court-ordered when someone is unable to care for him or herself or make important decisions due to a mental disorder or impairment. A conservator is appointed to oversee the care of the individual.

### **Is the partner CURRENTLY on conservatorship? –**

Choose the appropriate selection to reflect whether the partner currently has a court-ordered appointee (conservator) to oversee his/her care. **(PAF, KET-all age groups)**

### **Was the partner on conservatorship DURING THE PAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner had a conservator during the past 12 months. **(PAF-all age groups)**

### **Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner was on conservatorship anytime during his/her lifetime prior to the last 12 months. **(PAF-all age groups)**

### **Payee Information**

**A payee is** an authorized representative who oversees the revenue resources on behalf of the partner.

### **Does the partner CURRENTLY have a payee? –**

Choose the appropriate selection to reflect whether the partner currently has a payee. **(PAF, KET-all age groups)**

### **Did the partner have a payee DURING THE PAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner had a payee during the past 12 months. **(PAF-all age groups)**

### **Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner had a payee anytime prior to the last 12 months. **(PAF-all age groups)**

**Dependent (W&I Code 300 Status) Information (Child/Youth and Transitional Age Youth only)** – This section refers to the Welfare and Institutions Code, Section 300 status and provides information about whether the partner is legally designated as a dependent of the court.

### **Is the partner CURRENTLY a dependent of the court? –**

Choose the appropriate selection to reflect whether the partner is currently a dependent of the court. **(PAF, KET-Child/Youth, TAY)**

### **Was the partner a dependent of the court DURING THE PAST 12 MONTHS? –**

Choose the appropriate selection to reflect whether the partner was a dependent of the court during the past 12 months. **(PAF-Child/Youth, TAY)**

## Data Elements

### **Was the partner a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS?**

Choose the appropriate selection to reflect whether the partner was ever a dependent of the court at anytime in his/her lifetime prior to the last 12 months. **(PAF-Child/Youth, TAY)**

### **If the partner was ever a dependent of the court, indicate the year the partner was first placed on W & I Code 300 status –**

Enter the four digit year in which the partner was first placed on W & I Code 300 status. **(PAF-Child/Youth, TAY)**

## **Custody Information - For children of the partner**

This section is based on the partner's current situation. Please indicate the total number of children the partner has in each of the following categories. The response options refer to the current custody information, as of the partnership date. Historical information (e.g., what happened previously) is not required for this section. **(PAF, 3M-all age groups)**

***Example:** If a partner had one child who was previously placed in foster care but has now been legally reunified with the partner, "01" would be recorded in the "Legally reunified with Partner" field. The "Placed in Foster Care" category would remain blank because the child is not currently in foster care.*

## **Emergency Intervention**

This section gathers information about the types of emergency interventions the partner may have needed during the past 12 months. There are two categories: one is for physical health related emergencies and the other field is for mental health and/or substance abuse related emergency interventions.

If a partner had no emergency interventions in either category, the fields would remain blank.



### **Physical Health Related –**

This field records the total number of times a partner received an emergency intervention for physical health related reasons over the past 12 months. **(PAF, KET-all age groups)**

***Example:** A partner went to an emergency room for treatment of a possible broken bone two months ago. This would be recorded as "01" in the physical health related emergency intervention field.*

### **Mental Health/Substance Abuse Related –**

This field records the total number of times a partner received a mental health and/or substance abuse related emergency intervention over the past 12 months. **(PAF, KET-all age groups)**

***Example:** Two months ago, the partner was admitted to a hospital for overnight observation due to concerns he or she might harm him or herself. This would be recorded as "01" in the mental health/substance abuse related emergency intervention field.*

## **Health Information**

This section gathers information about whether or not the partner has a primary care physician. The response selections for each question are either "yes" or "no." A *primary care physician* for the purposes of this assessment is the health professional the partner would contact with regard to his or her health care.





## Data Elements

### **Does the partner have a primary care physician CURRENTLY? –**

This field collects information about the CURRENT status. Indicate either “Yes” or “No.”  
**(PAF, 3M-all age groups)**

### **Did the partner have a primary care physician DURING the PAST 12 MONTHS? –**

This field collects information about the status over the past 12 months. Indicate either “Yes” or “No.” **(PAF-all age groups)**

## **Substance Abuse**

This section gathers information about whether the partnership service coordinator (the primary provider) has determined that the partner has a co-occurring mental health and substance abuse problem.

### **In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem? –**

Indicate whether the partner has ever had a co-occurring mental illness and substance abuse problem as determined by the partnership service coordinator. **(PAF, 3M-all age groups)**

### **In the opinion of the partnership service coordinator, is this an active problem? –**

Indicate whether this is an active problem. This information is based on the opinion of the partnership service coordinator. **(PAF, 3M-all age groups)**

### **Is the partner CURRENTLY receiving substance abuse services? –**

Indicate whether the partner is currently receiving substance abuse services. Substance abuse services include attending self-help meetings such as Alcoholics Anonymous or Narcotics Anonymous. **(PAF, 3M-all age groups)**

## **Index of Independent Activities of Daily Living (ADL) – Older Adults Only**

This section gathers information about the day-to-day functioning of older adults with respect to several key areas. The questions are designed to determine if the partner needs complete assistance, some assistance, or no assistance in accomplishing these daily activities. The responses to each question list specific scenarios to allow for the most appropriate answer. For the purposes of this assessment, the word ‘assistance’ means supervision, verbal direction or hands-on personal assistance. Only one response per question may be selected.



### **Bathing – either by sponge bath, tub bath or shower:**

The three responses list detailed situations about receiving assistance to bathe one or more body parts. **(PAF, 3M-Older Adults)**

### **Dressing – gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn):**

This section gathers information about the partner’s ability to dress him or herself. Select the most appropriate response from those provided. **(PAF, 3M-Older Adults)**

### **Toileting:**

The responses detail the partner’s ability to get to and from the toilet room, use the toilet for waste elimination and sit down on and get up from the toilet. **(PAF, 3M-Older Adults)**

## Data Elements

### **Transfer:**

This section refers to the partner's ability to transfer from one platform to another platform; for example from a couch to a bed or from a wheelchair to a couch. Select the response that best describes the partner's ability to move around. **(PAF, 3M-Older Adults)**

### **Continence:**

This section refers to the partner's level of functioning with regards to the control of urine and feces. Select the most appropriate response from those provided. **(PAF, 3M-Older Adults)**

### **Feeding:**

This section refers to the partner's level of functioning in feeding him or herself. **(PAF, 3M-Older Adults)**

### **Walking:**

This section refers to the partner's level of functioning in regards to overall mobility; from walking without assistance, to using some type of support, to being completely bedridden. Select the response that best describes the partner's ability to function in this area. **(PAF, 3M-Older Adults)**

### **House-Confinement:**

The three responses list the number of times the partner has been outside of the residence during a typical two week period. **(PAF, 3M-Older Adults)**

## **Instrumental Activities of Daily Living (IADL) – Older Adults Only**

This section gathers information about specific activities that are likely to occur on a regular basis. The questions are designed to determine the partner's level of functioning with regard to these activities. The selections range from the ability of the partner to perform each task without assistance, with some assistance, or with total assistance, i.e. unable to perform the task at all.

**Can the client use the telephone? (PAF, 3M-Older Adults)**

**Can the client get to places out of walking distance? (PAF, 3M-Older Adults)**

**Can the client go shopping for groceries? (PAF, 3M-Older Adults)**

**Can the client prepare his/her own meals? (PAF, 3M-Older Adults)**

**Can the client do his/her own housework? (PAF, 3M-Older Adults)**

**Can the client do his/her own handyman work? (PAF, 3M-Older Adults)**

**Can the client do his/her own laundry? (PAF, 3M-Older Adults)**

**If the client takes medication (or if the client had to take medication) could s/he take it on his/her own? (PAF, 3M-Older Adults)**

**Can the client manage his/her own money? (PAF, 3M-Older Adults)**

## **County-Use Questions**

This section contains a set of blank fields that the county can use to gather county specific information. Three fields are provided for gathering baseline information to be tracked on the Key Event Tracking and the three fields are provided for gathering baseline information to be tracked on the Quarterly Assessment.

## Appendix A

## County Codes

Code	Name	Code	Name
01	Alameda	31	Placer
02	Alpine	32	Plumas
03	Amador	33	Riverside
04	Butte	34	Sacramento
05	Calaveras	35	San Benito
06	Colusa	36	San Bernardino
07	Contra Costa	37	San Diego
08	Del Norte	38	San Francisco
09	El Dorado	39	San Joaquin
10	Fresno	40	San Luis Obispo
11	Glenn	41	San Mateo
12	Humboldt	42	Santa Barbara
13	Imperial	43	Santa Clara
14	Inyo	44	Santa Cruz
15	Kern	45	Shasta
16	Kings	46	Sierra
17	Lake	47	Siskiyou
18	Lassen	48	Solano
19	Los Angeles	49	Sonoma
20	Madera	50	Stanislaus
21	Marin	52	Tehama
22	Mariposa	53	Trinity
23	Mendocino	54	Tulare
24	Merced	55	Tuolumne
25	Modoc	56	Ventura
26	Mono	57	Yolo
27	Monterey	63	Sutter/Yuba
28	Napa	65	Berkeley City
29	Nevada	66	Tri-City
30	Orange		

## Appendix B

### Department of Mental Health Full Service Partnership Outcomes Assessment Contacts

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